Public Summary Report for Forest Management 2016 Annual audit Report for:

Syndicat des Producteurs de Bois de la Gaspésie in New Richmond, Quebec, Canada

Audit Dates: September 12-16, 2016
Audit Team: Nicolas Blanchette
Yves Bouthillier

Certificate code(s): RA-FM/COC-007302
Certificate issued: October 14, 2015
Certificate expiration: October 13, 2020

Organization Contact: Mathieu Piché-Larocque
Address: 172, boulevard Perron Est
New Richmond, Québec
G0C 2B0

The only official version of this report is the French version. The report below is a translation of the required portions of the French report.

NOTE: More detailed public summary available in French at http://info.fsc.org/
1. AUDIT PROCESS

1.1. Auditors and qualifications

<table>
<thead>
<tr>
<th>Auditor Name</th>
<th>Auditor role</th>
<th>Qualifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nicolas Blanchette</td>
<td>Lead Auditor, in charge of forestry, socio-economic and indigenous aspects</td>
<td>Forest engineer since 1996, Nicolas was introduced to forest certification as part of his undergraduate training in Canada and Central America. He acquired a thorough knowledge of the FSC certification program through his involvement in this organization in New Brunswick, at the office of FSC International in Mexico, as coordinator of the Quebec Development Initiative of the FSC standard and as consultant for FSC Canada in Toronto. He actively participated in the development of the Boreal and Great Lakes St-Lawrence standards. He is a certified Lead Auditor according to the ISO 14001 standard as well as for FSC by the Rainforest Alliance Registrar. His many years of experience with the FSC certification program make Nicolas a versatile auditor. He also supports companies to move toward or to maintain certification of forest management and chain of custody through his INCOS Stratégies business.</td>
</tr>
<tr>
<td>Yves Bouthillier</td>
<td>In charge of environmental aspects</td>
<td>Forest Management Coordinator for the Rainforest Alliance’s forest certification division, Yves is a biologist with a FSC Forest Management Lead Auditor Training and master in Earth sciences from the Research Centre on Water, Earth, and the Environment of the INRS University. Since January 2014, he participated on seven forest management FSC audits: five in Québec (one on private lands, 4 on public lands), one on private lands in Ontario and one on private lands in Nova Scotia. The subject of his master’s project in forest ecology was the evaluation of the effect of lake-level variations on the growth of riparian forests near the La Grande hydroelectric complex. He completed a baccalaureate in biology, focus on conservation and environment at Laval University with courses on forest ecology and GIS. He is a member of the Association des biologistes du Québec.</td>
</tr>
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</table>

1.2. Overview of sites visited

<table>
<thead>
<tr>
<th>Type of site</th>
<th># of Sites Visited</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Head office</td>
<td></td>
</tr>
<tr>
<td>☐ Forest districts</td>
<td></td>
</tr>
<tr>
<td>☑ Forest sites</td>
<td>16</td>
</tr>
<tr>
<td>☐ Other sites:</td>
<td></td>
</tr>
</tbody>
</table>
### 2. AUDIT FINDINGS AND RESULTS

#### 2.1. Changes in the forest management of the Forest Management Enterprise (FME) and/or standard and stakeholder issues

<table>
<thead>
<tr>
<th>Issue</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Changes in the forest management of the FME have occurred since the last audit</td>
<td>Since the last audit, 137 small certified private lots (&lt;1000 ha) have been added to the group certificate. There were no other changes in the group and its organization.</td>
</tr>
<tr>
<td>☑ Updates to group member list (if yes, see section 2.5 below)</td>
<td></td>
</tr>
<tr>
<td>☐ Changes in the forest management standard used for audit have occurred since the last audit</td>
<td></td>
</tr>
<tr>
<td>☑ Stakeholder comments on the forest management of the FME were received</td>
<td>See below</td>
</tr>
</tbody>
</table>

#### P Stakeholder Comment:

<table>
<thead>
<tr>
<th>P4</th>
<th>A major dispute regarding several forestry consultants was found during the audit. Forest contractors, owners, forest managers and carriers underlined their dissatisfaction in relation to timber marketing as well as the measurement completed at one mill.</th>
</tr>
</thead>
<tbody>
<tr>
<td>RA Response:</td>
<td>Despite the existence of the complaint process and the applicant's dispute resolution mechanism, the complainants fear that the systems do not protect them against possible discrimination in obtaining contracts and timber marketing. Without concluding anything of the dispute, the general dissatisfaction and the fear of manifestation highlights an inadequate dispute resolution mechanism. NCR 4.5.2 / 16 is issued.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>P5</th>
<th>Two forest engineers in the region have expressed their concerns about the compliance with the allowable cut for the Gaspésie region, specifically for the area benefiting of joint marketing plan for timber harvested in private forests. According to them, the calculation has been performed throughout the region and not on the scale of the regional county municipalities (MRCs) would fail to adequately consider the reality of the stands in the MRC in terms of age distribution and species. They fear that a concentration of cuts in some MRCs causes an imbalance in the age distribution of the stands and a stock shortage in the allowable cut.</th>
</tr>
</thead>
<tbody>
<tr>
<td>RA Response:</td>
<td>The certificate includes large private properties, intramunicipal public lands (TPI) and a few small woodlots. Regarding the first two types of tenures, an allowable cut calculation was performed for each territory of one holder. A forestry strategy was developed and is systematically monitored by their managers to ensure compliance with the annual allowable cut for those territories. Regarding small woodlots of less than 1,000 ha, the allowable cut calculation was carried out across the Gaspésie by a method recognized by the profession. The calculated allowable cut is for all private properties of the Gaspésie, of which less than 1% is included in the scope of the certificate. Since the harvesting municipal constraints in force across a lot prevent total harvesting of areas over 4 ha without municipal permission and adjacent harvests can only be achieved if the stand resulting from the harvest reaches 3 meters tall, requirements of criterion 5.6 regarding compliance relating to sustainable harvest levels are reached.</td>
</tr>
</tbody>
</table>
### P6

One interested party testified that the applicant was receptive in improving forest management practices to minimize the impact on water quality.

No response needed

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**Pesticide Use**

- ✗ FME does not use pesticides. (delete rows below)

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### 2.2. Excision of areas from the scope of certificate

- ✗ Not applicable. Check this box if the FME has not excised areas from the FMU(s) included in the certificate scope as defined by FSC-POL-20-003.

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### 2.3. Conformance with applicable nonconformity reports

The section below describes the activities of the certificate holder to address each applicable non-conformity report (NCR) issued during previous evaluations. For each NCR a finding is presented along with a description of its current status using the following categories. Failure to meet NCRs will result in non-conformances being upgraded from minor to major status with conformance required within 3 months with risk of suspension or termination of the Rainforest Alliance certificate if Major NCRs are not met. The following classification is used to indicate the status of the NCR:

<table>
<thead>
<tr>
<th>Status Categories</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Closed</td>
<td>Operation has successfully met the NCR.</td>
</tr>
<tr>
<td>Open</td>
<td>Operation has either <strong>not met</strong> or has <strong>partially met</strong> the NCR.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NCR#: 02/15</th>
<th>NC Classification: Rainforest Alliance Locally adapted Standard for Assessing Forest Management in the Great Lakes/Saint-Lawrence region, Indicator 4.2.1</th>
<th>Major</th>
<th>Minor X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard &amp; Requirement:</td>
<td>Rainforest Alliance Locally adapted Standard for Assessing Forest Management in the Great Lakes/Saint-Lawrence region, Indicator 4.2.1</td>
<td>Major</td>
<td>Minor X</td>
</tr>
<tr>
<td>Report Section:</td>
<td>Appendix II</td>
<td></td>
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</tbody>
</table>

**Description of Nonconformance and Related Evidence:**

**Standard Requirement:**

All forest workers comply with all relevant provincial occupational health and safety requirements.

**Finding:**

The applicant passed a health and safety policy and managers are part of a prevention mutual. Prevention programs including a plan of emergency measures are in place and some managers have also implemented health and safety committees. Forestry workers met under the responsibility of managers wore their health and safety equipment and knew the procedures for prevention and management of accidents. That said, the field visits revealed that owner operators visited were not wearing safety equipment. The interviews confirmed that the owner operators do not know about the health and safety requirements.

**Evidence:**

- Interviews
- Health and safety policy
### Prevention Program

#### Corrective Action Request:
Organization shall implement corrective actions to demonstrate conformance with the requirement(s) referenced above. Note: Effective corrective actions focus on addressing the specific occurrence described in evidence above, as well as the root cause to eliminate and prevent recurrence of the nonconformance.

#### Timeline for Conformance:
By the next annual audit

#### Evidence Provided by Organization:
- Field visit
- Interviews with owners
- Interviews with staff
- Training documents (register and training materials)

#### Findings for Evaluation of Evidence:
Since the last audit, SPBG (the certificate holder) has made efforts to reach all participant owners to raise awareness on standard requirements including health and safety. The training material has been provided as evidence, and training registers. The field visits revealed that the operating owners knew the health and safety requirements and implemented them.

The NCR is closed.

#### NCR Status:
CLOSED

#### Comments (optional):

<table>
<thead>
<tr>
<th>NCR#</th>
<th>03/15</th>
<th>NC Classification:</th>
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<td>Report Section:</td>
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#### Description of Nonconformance and Related Evidence:

**Standard Requirement:**
Adjacent landowners and local resource users that may be directly affected by forest operations are provided with notice, and their concerns considered prior to commencement of harvesting and operations.

**Findings:**
Interviews with group members found that the LSI-11-01 is not yet known and applied by all group members and therefore the adjacent landowners that may be directly affected by forest management potentially are not potentially notified prior to the start of operations.

**Evidence:**
- Interviews
- INS-11-01
- Documentation of evidence provided by the applicant

**Corrective Action Request:**
Organization shall implement corrective actions to demonstrate conformance with the requirement(s) referenced above. Note: Effective corrective actions focus on addressing the specific occurrence described in evidence above, as well as the root cause to eliminate and prevent recurrence of the nonconformance.

**Timeline for Conformance:**
By the next annual audit

**Evidence Provided by Organization:**
- Proceedings of the certification committee
- Interviews with staff
- Interviews with forest managers and staff
- IN-11-01
Findings for Evaluation of Evidence: This non-conformance concerned private woodlot owners. The interviews with the applicant and the management agents in the territory have shown that it is difficult to reach the owners adjacent to the properties, where there is presence of forestry operations. Indeed, many woodlot owners are not from the region. This situation observed during the assessment audit is why the initial version of the INS-11-01 was not applied. Thus, the applicant relies instead on the operations’ directional signs at the entrance to the property just before the equipment arrives on site. This way, owners and forest users will be aware of forest operations. It was found that managers had road signs and were used during ongoing operations.

The NCR is closed.

NCR Status: CLOSED

Comments (optional):

<table>
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<tr>
<th>NCR#</th>
<th>04/15</th>
<th>NC Classification:</th>
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</table>

**Description of Nonconformance and Related Evidence:**

**Standard Requirement:**
A method for assessing environmental impact is implemented by the manager.

**Findings:**
The applicant has developed a monitoring program for several environmental values on the scale of forest operations (retention, regeneration, etc.) and also a monitoring program relating to HCVFs which it has identified in the territories of the certificate. That said, although the applicant has the data to develop a monitoring program for several values across all lots/TPIs of the certificate, this program is not yet finalized. Furthermore, for the time being the monitoring procedures at the interventions’ level in order to monitor at this level are not implemented by all Group members within the TPIs and large private lands.

These gaps lead to the issuance of this NCR.

**Evidence:**
- Applicant monitoring program
- Harvest prescriptions
- Interview with the applicant’s staff
- Interview with subcontractor specialists

**Corrective Action Request:**
Organization shall implement corrective actions to demonstrate conformance with the requirement(s) referenced above.

Note: Effective corrective actions focus on addressing the specific occurrence described in evidence above, as well as the root cause to eliminate and prevent recurrence of the nonconformance.

**Timeline for Conformance:**
By the next annual audit

**Evidence Provided by Organization:**
- Workers’ training presentation
- Adapted practices’ presentation
- Healthy forest management presentation
- Forms used in the field
- Interviews with forest managers and technicians
Findings for Evaluation of Evidence:

- Familiarization with field forms as well as interviews with forest managers and technicians demonstrate that such monitoring is used to evaluate the quality and quantity of forest resources (e.g. injuries to standing stems, species present) to assess the impacts specific to the site (e.g. rutting, sedimentation, riparian strips compliance, culvert installation, road condition) and to other resources (e.g. wildlife habitats, HCVFs, other users). Field visits revealed the implementation of such monitoring and the use of forms.

The NCR is closed.

NCR Status: CLOSED

Comments (optional):

<table>
<thead>
<tr>
<th>NCR#</th>
<th>NC Classification</th>
<th>Standard &amp; Requirement</th>
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<td>06/15</td>
<td>Major</td>
<td>Rainforest Alliance Locally adapted Standard for Assessing Forest Management in the Great Lakes/Saint Lawrence region, Indicator 6.1.6</td>
<td>Appendix II</td>
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</tbody>
</table>

Description of Nonconformance and Related Evidence:

**Standard Requirement:**
The results of environmental assessments are incorporated into management planning and implementation.

**Findings:**
The applicant's environmental monitoring program is well advanced, but some elements are being developed (see NCR 05/15). Furthermore, the applicant has not established with the group, for example, how the results of environmental assessments across the landscape will be integrated into the fine planning made at the level of lots or TPIs.

This results in the issuance of the NCR.

**Evidence:**
- Applicant monitoring program
- Interview with the applicant's staff
- Interview with subcontractor specialists

**Corrective Action Request:**
Organization shall implement corrective actions to demonstrate conformance with the requirement(s) referenced above.

Note: Effective corrective actions focus on addressing the specific occurrence described in evidence above, as well as the root cause to eliminate and prevent recurrence of the nonconformance.

**Timeline for Conformance:**
By the next annual audit

**Evidence Provided by Organization:**
- *Document SPBG, FSC Critère 6 Final, p.18*
- *PPMV*
- *PRO-08-01 - programme de suivi*
- *FOR-09-01 - formulaire de non-conformité*
- Forms used in the field
- Monitoring of silvicultural strategies
- Interviews with forest managers and technicians
- Interviews with the applicant
• Field visits

Findings for Evaluation of Evidence:

Monitoring procedures and interviews demonstrate that the applicant and forest managers use the necessary tools to record field data (e.g. site closure), compare them with planning (e.g. compliance with forestry strategies) and review silvicultural strategies.

The procedures shall require the reassessment of the situation in ten years of the updated PPMV (*Plan de protection et de mise en valeur* or name translated: Protection and enhancement plan) and PAF (*Plan d’aménagement forestier* or name translated: Forest management plan) for large private properties. In TPIs (*terres publiques intermunicipales* or name translated: intermunicipal public lands), an assessment on the achievement of VOICs (*Valeurs, objectifs, indicateurs et cibles* or name translated: values, objectives, indicators and targets) and requirements specific for 5-year certification is required. Thus, there is proof that all the elements are in place for the environmental assessment results to be integrated into the planning and implementation of management activities.

The NCR is closed.

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<thead>
<tr>
<th>NCR Status:</th>
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<td>Rainforest Alliance Locally adapted Standard for Assessing Forest Management in the Great Lakes/Saint Lawrence region, Indicator 6.2.3</td>
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<tr>
<td>Report Section:</td>
<td>Appendix II</td>
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</table>

**Description of Nonconformance and Related Evidence:**

**Standard Requirement:**
A precautionary approach is used in management of the habitats of the relevant species at risk.

**Findings:**
The applicant has established certain special guidelines for species at risk, but has yet to release these guidelines to group members and has not trained forest workers in identifying endangered species and uncommon species in the field. The auditors conclude that for the moment the applicant has therefore implemented a precautionary approach in relation to the habitat management of endangered species. This results in the issuance of the NCR.

**Evidence:**
- Applicant HCVF report
- Silvicultural prescriptions
- Interview with the applicant's staff
- Interview with subcontractor specialists

**Corrective Action Request:**
Organization shall implement corrective actions to demonstrate conformance with the requirement(s) referenced above.
Note: Effective corrective actions focus on addressing the specific occurrence described in evidence above, as well as the root cause to eliminate and prevent recurrence of the nonconformance.

**Timeline for Conformance:**
By the next annual audit

**Evidence Provided by Organization:**
- Applicant’s HCVF report
- Silvicultural prescriptions
Certification Committee presentation  
Checklist provided to members and workers  
Interviews with the applicant's staff  
Interviews with workers

<table>
<thead>
<tr>
<th>Findings for Evaluation of Evidence:</th>
<th>Since the last audit, the applicant submitted endangered species’ guidelines to members, as well as transmitted documentation and checklists to members, who then distribute to workers. Interviews with members and workers confirmed their general understanding of the guidelines and the application of the precautionary principle in the event of observing endangered or unusual species.</th>
</tr>
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<tbody>
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<tbody>
<tr>
<td>Standard &amp; Requirement: Rainforest Alliance Locally adapted Standard for Assessing Forest Management in the Great Lakes/Saint- Lawrence region, Indicator 6.2.4</td>
<td>Report Section: Appendix II</td>
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</tr>
</tbody>
</table>

**Description of Nonconformance and Related Evidence:**

**Standard Requirement:**
Special prescriptions are applied to protect rare and uncommon species:

**Findings:**
The applicant has established some special prescriptions for rare and uncommon species, but has yet to release these prescriptions to group members whose prescriptions have not yet be applied to the certified territory.

There are no established measures aiming at maintaining uncommon tree species, for example during commercial and non-commercial thinning or for total and partial cuts. This results in the issuance of the NCR.

**Evidence:**
- Applicant monitoring program
- Harvest prescriptions
- Interview with the applicant's staff

**Corrective Action Request:**
Organization shall implement corrective actions to demonstrate conformance with the requirement(s) referenced above. 
Note: Effective corrective actions focus on addressing the specific occurrence described in evidence above, as well as the root cause to eliminate and prevent recurrence of the nonconformance.

**Timeline for Conformance:**
By the next annual audit

**Evidence Provided by Organization:**
- Applicant's HCVF report
- Silvicultural prescriptions
- Certification Committee presentation
- Checklist provided to members and workers
- Interviews with the applicant's staff
- Interviews with workers

**Findings for Evaluation of Evidence:**
Since the last audit, the applicant submitted endangered species’ guidelines to members, as well as transmitted documentation and checklists to members.
members, who then distribute to workers. Interviews with members and workers confirmed their general understanding of the guidelines and the application of the precautionary principle in the event of observing endangered or unusual species.

The NCR is closed.

<table>
<thead>
<tr>
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<table>
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<td>Standard &amp; Requirement:</td>
<td>Rainforest Alliance Locally adapted Standard for Assessing Forest Management in the Great Lakes/Saint- Lawrence region, Indicator 6.3.1</td>
</tr>
<tr>
<td>Report Section:</td>
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</table>

**Description of Nonconformance and Related Evidence:**

**Standard Requirement:**
In consideration of the assessment results in 6.1, the manager has determined a longterm desired future forest condition that maintains, enhances or restores natural conditions in natural forests.

**Findings:**
The applicant in collaboration with the *Consortium de recherche forestière de la Gaspésie* has produced a portrait of the natural and historical variability of the forest mosaic of the territory. That said, although the applicant has the data to develop a monitoring program for several values across all lots/TPIs of the certificate (diversity of forest types, diversity of evolutionary stages, distribution of age classes, including over-mature forests, connectivity etc.), this program is being developed by the applicant. Therefore, the applicant has not yet determined the desired future state of the forest in the long run that maintains, improves or restores natural conditions in natural forests. This results in the issuance of the NCR.

**Evidence:**
- Applicant monitoring program
- Interview with the applicant's staff
- Interview with subcontractor specialists

**Corrective Action Request:**
Organization shall implement corrective actions to demonstrate conformance with the requirement(s) referenced above. Note: Effective corrective actions focus on addressing the specific occurrence described in evidence above, as well as the root cause to eliminate and prevent recurrence of the nonconformance.

**Timeline for Conformance:**
By the next annual audit

**Evidence Provided by Organization:**
- Documentation on Principle 6 FSC of the applicant
- Interviews with the applicant's staff
- Applicant’s monitoring program

**Findings for Evaluation of Evidence:**
The applicant has developed qualitative targets to reduce differences with the natural forest portrait. On TPIs, these objectives are complemented by VOICs. The applicant retained the major environmental issues identified in the study on the Gaspésie forest carried out by the *Consortium en foresterie* and various analysis carried out in the region to define the actions to take for each component of indicator 6.3.1:

a. Limit the growth of maple and poplar hardwood stands, limit fir tree invasion, promote spruce, cedar, pine and yellow birch;

b. Reduce the proportion of forests in regeneration stage, increase the
The proportion of old and old irregular forests:
c. See b.
d. Limit the small diameter timber found in coniferous forest, increase large diameter timber, limit regular vertical structure and promote irregular vertical structures;
e. Increase the interior forest proportion, improve the connectivity results and connectivity among major conservation centers of the region
f. Foster an uneven-aged system through partial and progressive cuts.

The differences will be evaluated again at the next PPMV, along with analysis of the target progress results using the criterion 8.2 monitoring.

The NCR is closed.

<table>
<thead>
<tr>
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<tr>
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</table>

**Description of Nonconformance and Related Evidence:**

**Standard Requirement:**
Quantitative short to mid-term (e.g. 2-5 years) objectives have been set, using expert input, to maintain, enhance or restore natural conditions in natural forests.

**Findings:**
The portrait of the natural and historical variability of the forest mosaic developed by the applicant indicates that the abundance of certain types of stands (old forest, yellow birch, white pine, cedar, etc.) is significantly underrepresented in the current forest compared to their abundance before. The monitoring program at the level of certified lots in connection with the restoration of natural conditions in natural forests is being developed by the applicant. However, the applicant has established short to medium term quantitative targets to maintain certain natural conditions in natural forests but not for all variables listed in indicator 6.3.1. Furthermore, for the abundance of several types of stands (yellow birch, white pine and cedar), which are much less abundant than they were in the natural mosaic of the territory, the applicant seeks maintenance while the objective would be the restoration as required by indicator 6.3.2.

This results in the issuance of the NCR.

**Evidence:**
- Applicant monitoring program
- Interview with the applicant's staff
- Interview with subcontractor specialists

**Corrective Action Request:**
Organization shall implement corrective actions to demonstrate conformance with the requirement(s) referenced above.

Note: Effective corrective actions focus on addressing the specific occurrence described in evidence above, as well as the root cause to eliminate and prevent recurrence of the nonconformance.
### Timeline for Conformance:

By the next annual audit

<table>
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<tr>
<th>Evidence Provided by Organization:</th>
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<tbody>
<tr>
<td>• Documentation on Principle 6 FSC of the applicant</td>
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<tr>
<td>• Interviews with the applicant's staff</td>
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<tr>
<td>• Applicant's monitoring program</td>
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</table>

### Findings for Evaluation of Evidence:

To guide the certified territory’s management towards the achievement of qualitative targets defined in 6.3.1, the applicant has developed short to medium term quantitative targets using the data of the fourth decennial forest inventory and the natural forest portrait made in 6.1. On TPIs, these objectives are complemented by VOICs. For the certified territory, the differences will be evaluated again at the next PPMV, along with the analysis of the target progress results using the monitoring of criterion 8.2.

To guide the efforts of various members and stakeholders, the applicant seeks to reduce the various major gaps identified (over 70%) with natural forest:

- Decrease in hardwood stands; increased cedar, pine and yellow birch; decrease in poplars and maples;
- Increased old and old irregular stage;
- Structure diversification through old forests’ increase targets;
- According to the fragmentation and connectivity analysis and considering the private forest context, encourage connectivity improvement on the *Trois-Couronnes* territory.

These quantitative targets are relevant to reach qualitative targets.

### NCR Status:

CLOSED

### Comments (optional):

The NCR is closed.

### NCR#:

12/15

### NC Classification:

Major

Minor X

### Standard & Requirement:

Rainforest Alliance Locally adapted Standard for Assessing Forest Management in the Great Lakes/Saint-Lawrence region, Indicator 6.3.3

### Report Section:

Appendix II

### Description of Nonconformance and Related Evidence:

#### Standard Requirement:

On large forests, a quantitative habitat supply analysis has been completed using expert input for species whose habitat requirements have not been addressed in 6.2.1.

#### Findings:

The applicant has not produced for large forests (private and TPI), a quantitative habitat analysis completed using expert input for species whose habitat requirements have not been addressed in 6.2.1. This results in the issuance of the NCR.

#### Evidence:

- Interview with the applicant's staff
- Interview with subcontractor specialists

#### Corrective Action Request:

Organization shall implement corrective actions to demonstrate conformance with the requirement(s) referenced above. Note: Effective corrective actions focus on addressing the specific occurrence described in evidence above, as well as the root cause to
eliminate and prevent recurrence of the nonconformance.

**Timeline for Conformance:**
By the next annual audit

**Evidence Provided by Organization:**
- Interviews with the applicant
- Habitat quality analysis for large private properties
- Habitat quality analysis for TPIs

**Findings for Evaluation of Evidence:**
The applicant appointed two experts to conduct quantitative analysis of three focal species’ habitats (American marten, moose, snowshoe hare) for large private properties and TPIs. These quantitative analysis were completed in September 2016 and presented to the audit team. They allow the achievement the indicator’s objectives.

The NCR is closed.

**NCR Status:** CLOSED

**Comments (optional):**

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**NCR#:** 13/15  
**NC Classification:** Major

**Standard & Requirement:**
Rainforest Alliance Locally adapted Standard for Assessing Forest Management in the Great Lakes/Saint-Lawrence region (April 2014), Indicator 6.3.4

**Report Section:** Appendix II

**Description of Nonconformance and Related Evidence:**

**Standard Requirement:**
The manager has a strategic access management plan to minimize and mitigate the negative impacts of roads. This may include but is not necessarily limited to:

- a. reducing road density;
- b. reducing and/or limiting access to High Conservation Value Forest areas;
- c. decommissioning roads;
- d. avoiding road building in or around protected areas; and-or
- e. maintaining remoteness of areas with sensitive cultural or ecological values or where required for tourism
- f. Maintain or restore connectivity

The manager collaborates with the government and other relevant authorities in implementing the plan.

**Findings:**
The SPBG submitted a management plan for access roads (PGVA) and a road density analysis for the certified territory. This plan includes objectives, targets, mitigation and monitoring measures for six impacts related to the road network: mortality of species, wildlife habitat loss, productive area loss, obstacles to fish movement, stream sedimentation and loss of connectivity. However, this plan does not meet all the requirements of the indicator. More particularly:

- a) Reducing road density: Non-conforming
  This element of the indicator is important in a context of private forest or public forest inhabited where road density is very high (highly fragmented forest). However, the PGVA does not demonstrate how the applicant intends to reduce or maintain the road density within TPIs and large private lands. No targets in terms of road density has been set.

- b) Limiting access to HCVF: Non-conforming
  Maintaining certain values identified as HCV (e.g. ecological refuges, large unfragmented forest tract, sea eagle nest, etc.) requires a reduction or limitation of access to HCVF areas. However, the PGVA does not demonstrate how the SPBG intends to reduce or restrict access to HCVF areas.
c) Decommissioning roads: Non-conforming
In 3 of the 6 treated impacts, road closure is listed as a “planning action” to mitigate the impact. However, the applicant has not demonstrated in what situation the road closure will be considered, if the regulatory framework allows it, and if the TPI and large private land managers are ready to resort to such means.

d) Road building in or around protected areas: Non-conforming
Maintaining the integrity of a protected area is partly based on the protected territory access control. The PGVA does not demonstrate how SPBG intends to limit road building in or around protected areas.

e) Maintaining remoteness: Non-conforming
Certain uses or forest values require continued segregation so that this value persists (e.g. walking trail, hiker cottage, salmon pool, etc.). The PGVA does not demonstrate how SPBG intends to maintain the remoteness of cultural, ecological and recreational tourism sites.

f) Maintain connectivity: Conforming
A connectivity analysis was performed. The PGVA is planning to simulate the effect of planned roads on the connectivity index and put back into production the paths that meet the defined criteria.

Finally, since SPBG is not the forest manager of the territories included in the certificate, it must demonstrate that the measures proposed will be implemented by forest managers and included in future management plans.

Evidence:
- SPBG access management plan

Corrective Action Request: Organization shall implement corrective actions to demonstrate conformance with the requirement(s) referenced above. Note: Effective corrective actions focus on addressing the specific occurrence described in evidence above, as well as the root cause to eliminate and prevent recurrence of the nonconformance.

Timeline for Conformance: By the next annual audit

Evidence Provided by Organization:
- Access road’ management plan
- Forest roads’ inventory protocol
- Applicant’s monitoring program
- Interviews with the applicant

Findings for Evaluation of Evidence:
This indicator applies to large private properties (GPP) and TPIs of the certified territory, not to private lots of less than 1,000 ha (SLIMF). Note that the certified territory is found in a highly fragmented region in tenure type (public, private) and the road network is used by different users other that forestry, since it allows access to different sectors with strong cultural or recreational tourism potential. Thus, the applicant’s access road’s management plan seeks to minimize the roads’ footprint and their impacts on the environment, while combining their use. To complete the plan, the applicant conducted an identification and analysis of environmental issues related to the management of access roads (see the 2015 finding in the above box for the six impacts). For the following items of indicator:

a) Density: The currently available data on the current road conditions do not allow a realistic and adequate characterization. Thus, establishing reasonable goals on the road density is not very realistic. Considering the scale of the effort required to get a realistic characterization of the road network, the applicant has taken steps to characterize in the medium-term network path on its territory, to set targets that reflect the current roads’ access network. The access roads’ management committee is also currently working to develop an effective planning
process for road closures.

b) Most HCVFs (e.g. “River” types) allow interventions within the area associated with the HCVF, subject to compliance with defined conditions ensuring their maintenance. For HCVFs requiring full protection (e.g. stand of rare species, ecological reserves, isolated items like nests) these HCVFs are subject to conditions that limit the impact of road construction on these values.

c) The PGVA explains the procedure to be used should a road close. The applicant will update the PGVA once the work of the access road management committee on planning process of road closures progresses.

d) No road is built in or near protected areas. The applicant also ensures that no path or harvesting is planned in potential protected areas.

e) Following TGIRT consultations and of other stakeholders, no sites of cultural values were identified. If the discovery of such a site be made, measures would be implemented to maintain their isolation.

f) The connectivity analysis conducted in 2012 identified a gap only on the *Trois Couronnes* property, caused by natural fires which occurred in the 1960s. Using the monitoring carried out on the territory and the eventual completion of the road network characterization on the certified territory, the applicant will set goals to maintain or restore connectivity.

The existing access roads’ management plan will minimize and mitigate negative road impacts. However, in order to monitor the progress of this action plan, Note 6.3.4 / 16 is issued.

The NCR is closed.

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**Description of Nonconformance and Related Evidence:**

**Standard Requirement:**
In partial cuts in natural forests, harvesting (whether during normal operations or salvage following a natural disturbance) and other stand management activities leave residual structures in sufficient quantity and distribution for them to serve their ecological functions. Precise objectives for different structural components are determined and documented, and include the following considerations:

**Finding:**
The SPBG offers retention measures in partial cuts in Section 7 of the “FSC_Critère 6” document. These measures are:

- Leave living trees with no commercial value standing and intact
- Leaving large dying trees in selection cutting, of which the basal area will cover at least 1 m²/ha
- Allow 2-3 snags veteran trees per hectare
- Allow 10-15 shrubs and fruit trees per hectare when present
- Maintain 100-250 stems per hardwood hectare in order to maintain plant diversity
- Maintain 2-3 bunches of 5-10 stems per non thinning softwood hectare to maintain a wildlife shelter
- Create gaps in commercial thinning to create a heterogeneous structure in the early interventions and promote the establishment of long-lived species.

These retention measures can maintain an adequate level of vertical diversity, horizontal structure, wildlife habitat and large woody debris, and thereby meet the requirements of the indicator. However, interviews and field visits revealed that these measures are not known to all group members and that they are rarely applied in the field.

**Evidence:**
- Interviews with SPBG staff
- “FSC_Critère 6” document carried out by the *Consortium en Foresterie*
- Field visits of partial cuts

**Corrective Action Request:** Organization shall implement corrective actions to demonstrate conformance with the requirement(s) referenced above. Note: Effective corrective actions focus on addressing the specific occurrence described in evidence above, as well as the root cause to eliminate and prevent recurrence of the nonconformance.

**Timeline for Conformance:** By the next annual audit

**Evidence Provided by Organization:**
- Interviews with SPBG staff
- Interviews with forest managers and technicians
- “FSC_Critère 6” document prepared by the *Consortium en Foresterie*
- Field visits of partial cutting and of plantation maintenance

**Findings for Evaluation of Evidence:** Field visits and staff interviews revealed that the applicant's retention procedures are not yet mastered by forest workers and consultants and they are rarely implemented in cutovers.

Therefore, the NCR cannot be closed and is upgraded to a major with a timeline of 3 months following the report finalization (15/03/2017).

**NCR Status:** OPEN

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**Description of Nonconformance and Related Evidence:**

**Standard Requirement:**
“In clearcuts in natural forests, harvesting maintains residual structures in sufficient quantities and distribution so as to fulfill their ecological functions.”

**Findings:**
The SPBG offers retention measures in total cuts in Section 8 of the “FSC_Critère 6” document. These measures were determined following an analysis of the amount of living trees left by natural disturbances to 6.1.3. The proposed retention measures are:

- Leave retention patches (10-15 rods within 0.1 ha) for total cuts of more than 2 ha. A progressive target is presented in Table no. 24 of the document.
- Leave any snags or living trees with no commercial value standing and intact, provided that this does not compromise the management objectives and workers’ safety.
- Preserve 10-15 shrubs and fruit trees per hectare.
- Preserve 100-250 stems per leafy stems' hectare.

The retention of patches at the center of processed blocks allow long-term preservation of large trees that will feed into the snags and dead wood pool of the ecosystem. The retention of fruit trees and leafy stems allow the maintenance of habitats and food sources for wildlife that depend on them. Thus, these retention measures enable the compliance of the indicator’s requirements. However, a quantitative target of snags/veteran or dying trees per hectare does not exist. In addition, interviews and field visits revealed that these measures are not known to all group members and they are not consistently applied in the field.

Evidence:
- Interviews with SPBG staff
- “FSC_Critère 6” document carried out by the Consortium en Foresterie
- Field visits of cutovers

Corrective Action Request: Organization shall implement corrective actions to demonstrate conformance with the requirement(s) referenced above. Note: Effective corrective actions focus on addressing the specific occurrence described in evidence above, as well as the root cause to eliminate and prevent recurrence of the nonconformance.

Timeline for Conformance: By the next annual audit

Evidence Provided by Organization:
- Training Record
- Training Materials
- Interviews with forest managers
- Interviews with the applicant
- DOC-01-01 Cahier environnemental

Findings for Evaluation of Evidence:
Field visits and interviews with staff revealed that the applicant's retention procedures are not yet mastered by forest workers and consultants and are rarely implemented in cutovers.

In addition, some targets defined in the environmental specifications are not justified by forest knowledge of the Gaspésie forest. (e.g. number of snags).

Therefore, the NCR cannot be closed and becomes a major with a timeline of 3 months following the report finalization (15/03/2017).

NCR Status: OPEN

Comments (optional):

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Description of Nonconformance and Related Evidence:

Standard Requirement:
Representative samples of existing ecosystems within the landscape shall be protected in their natural state and recorded on maps, appropriate to the scale and intensity of operations and the uniqueness of the affected resources.

Findings:
In collaboration with the Consortium en foresterie de la Gaspésie-Les-Îles, the applicant conducted a gap analysis for ecological regions where certified lots are found. The applicant has also undertaken an analysis.
to see the potential of the lots to the gaps in the current network of protected areas. That said, for now the applicant has not used these results to identify potential protected areas that could fill the gaps of the current network of protected areas (indicator 6.4.2 non-conformity).

For now, the group members and other interested parties have not yet had the opportunity to participate in the process of identifying potential protected areas (indicators 6.4.3 & 6.4.4 non-conformities)

Finally, since the applicant has not identified potential protected areas, the applicant has not yet intervened within its sphere of influence to encourage the recognition of candidate protected areas (indicator 6.4.6 non-conformity).

The accumulation of non-conformities within criterion 6.4 (especially in connection with the absence of 1) identification of potential protected areas and 2) public participation in this determination) causes the issuance of Major NCR 17/15.

Evidence:
- Applicant gap analysis
- Interview with the applicant's staff
- Interview with subcontractor specialists

Summary of precondition audit findings in September 2015:
Since the assessment audit, the applicant has identified a dozen sectors of potential protected areas. For each of these areas the applicant has demonstrated how they were filling the gaps in the current network of protected areas. The applicant also sent the relevant files to the MDDELCC so that these potential protected areas become true protected areas. Finally, potential protected areas are currently under a cutting moratorium.

Regarding the participation of the public and support from interested parties in relation to the gap analysis and proposals for potential protected areas, the applicant gave the opportunity to managers of the territories involved to participate but has not yet given the opportunity to all interested parties (e.g. ENGOs, indigenous communities) to participate in this process. The work done by the applicant since the assessment audit lowers that Major NCR (which concerned indicators 6.4.2, 6.4.3, 6.4.4, 6.4.5, 6.4.6) to a minor NCR which now only concerns indicators 6.4.3 and 6.4.4.

Voluntary CVA summary statement of May 2016:
Since the last audit, the applicant sent an email to interested parties to solicit their comments on the gap analysis and the proposed candidate protected areas.

However, the email was sent shortly before this evaluation. Therefore, it is too early to decide on the ins and outs of this consultation. For this reason, this Minor NCR remains open and will be evaluated before its due date, before October 13, 2016.

Corrective Action Request:
Organization shall implement corrective actions to demonstrate conformance with the requirement(s) referenced above.
Note: Effective corrective actions focus on addressing the specific occurrence described in evidence above, as well as the root cause to eliminate and prevent recurrence of the nonconformance.

Timeline for Conformance:
Prior to issuance of the certificate

Evidence Provided by Organization:
- Proposed candidate protected areas
- Communications with stakeholders
- Interviews with the applicant

Findings for Evaluation of
In May 2016, the applicant had emailed the proposed protected areas
Evidence: candidates to different stakeholders (e.g. ENGOs, Aboriginal communities).

Since then, interested parties did not provide any comment or disagreement on the proposals made by the applicant.

Thus, the NCR can be closed.

NCR Status: CLOSED

Comments (optional):

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**Description of Nonconformance and Related Evidence:**

**Standard Requirement:**

“All forest operations with the potential for negative environmental impact (as identified in 6.1) shall have written guidelines defining acceptable practices which are available to forest managers and supervisors.

**Findings:**

Owner operators without silvicultural prescription do not receive written operational guidance enabling them to achieve the objectives defined in 6.1 for mitigation of adverse environmental impacts.

**Evidence:**

- Interviews with group leaders
- Interviews with owner operators

**Corrective Action Request:**

Organization shall implement corrective actions to demonstrate conformance with the requirement(s) referenced above.

Note: Effective corrective actions focus on addressing the specific occurrence described in evidence above, as well as the root cause to eliminate and prevent recurrence of the nonconformance.

**Timeline for Conformance:**

By the next annual audit

**Evidence Provided by Organization:**

- Applicant training kit
- Training PowerPoint Presentation
- Directed management program
- Monitoring program
- Inspections carried out by the applicant on lots of performer owners
- Interviews with the applicant

**Findings for Evaluation of Evidence:**

Since the last audit, the applicant has developed a training package for certified owners, covering among other things, items relating to sound practices and FSC certification. The applicant presents this kit, as well as the training PowerPoint presentation to owners at the time of joining the certified group. In addition, performer owners declare the work they do to the manager of the certificate, who then inspects the work done through its monitoring program. For example, the applicant's monitoring program identified non-conformance for a culvert on a lot of performer owner and to monitor a specific date so that a corrective action is being taken.

Operational guidelines now in place, the NCR is closed.

NCR Status: CLOSED
Standard Requirement:
Standard Operating Procedures (SOPs) are in place and implemented regarding safe handling and disposal of chemicals, liquid and solid non-organic wastes including fuel and oil. These SOP’s reflect best management practices and at minimum ensure compliance with all regulatory guidelines.

Findings:
The SPBG require forestry workers to follow the management of hydrocarbons’ practical guide written by FP Innovation. The workers interviewed did not know this guide, but know how to safely handle hazardous materials and hydrocarbons. They are informed on how to contain a spill. However, owner operators were not all aware of the standards regarding the handling and disposal of hazardous materials and hydrocarbons.

Evidence:
- Interviews with forestry workers
- Interviews with owner operators

Corrective Action Request:
Organization shall implement corrective actions to demonstrate conformance with the requirement(s) referenced above.

Timeline for Conformance:
By the next annual audit

Evidence Provided by Organization:
- Field visit
- Interviews with performer owners
- Interviews with staff
- Training documents (register and training materials)
- Spill forms

Findings for Evaluation of Evidence:
The applicant met with each of the owners included in the certificate to present the FSC standard requirements, including those related to the management of MDR (Matières dangereuses résiduelles or name translated: residual hazardous materials). The training material covers these requirements and training records confirm the owners’ participation.

Discussions with owners have demonstrated sufficient knowledge for the MDR management.

The NCR is closed.

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**Description of Nonconformance and Related Evidence:**

**Standard Requirement:**
A recycling program is in place for used oil and plastic containers.

**Findings:**
The applicant has not demonstrated that a recycling system is in place for all TPIs and large private lands.

**Evidence:**
- Interviews with SPBG staff
- Interviews with groups’ staff and forestry advisors

**Corrective Action Request:**
Organization shall implement corrective actions to demonstrate conformance with the requirement(s) referenced above.

**Timeline for Conformance:**
By the next annual audit

**Evidence Provided by Organization:**
- Spill forms
- Contract with oil recovery companies
- Recovery forms
- Spill reporting forms
- MDR recovery invoice
- Interviews with forest workers
- Interviews with forest managers
- Interviews with the applicant

**Findings for Evaluation of Evidence:**
The evidence presented and interviews with forest workers, machine operators, the applicant and forest managers demonstrate that MDRs are recovered by various means. Everything well documented with spill recovery forms and registers.

The NCR is closed.

**NCR Status:** CLOSED

**Comments (optional):**

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**Description of Nonconformance and Related Evidence:**

**Standard Requirement:**
In the event of a hazardous product spill, the manager shall immediately contain the product, notify the appropriate authorities, and begin cleanup and product elimination with the assistance of qualified personnel.
### Findings:
Although all the work teams had a spill kit and that employees were aware of the cleaning requirement of any spill, the applicant has not been able to show that spills are systematically reported to the foreman and reported to the appropriate authorities.

### Evidence:
- Interviews with SPBG staff
- Interviews with groups' staff and forestry advisors

### Corrective Action Request:
Organization shall implement corrective actions to demonstrate conformance with the requirement(s) referenced above.

Note: Effective corrective actions focus on addressing the specific occurrence described in evidence above, as well as the root cause to eliminate and prevent recurrence of the nonconformance.

### Timeline for Conformance:
By the next annual audit

### Evidence Provided by Organization:
- Blank and completed spill forms
- Spill reporting forms
- Interviews with forest workers
- Interviews with forest managers
- Interviews with the applicant

### Findings for Evaluation of Evidence:
The evidence presented and interviews show that there are procedures to handle spills and they are applied.

The NCR is closed.

### NCR Status:
CLOSED

### Comments (optional):

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### Description of Nonconformance and Related Evidence:

**Standard Requirement:**
The applicant ensures that forest workers receive adequate training to ensure they meet this standard’s requirements.

**Findings:**
The induction trainings showed no new intervention measures for achieving the objectives of the FSC standard. In addition, no training record was provided to prove that all workers, contractors and owner operators had received this training.

The SPBG has developed a comprehensive training program in nine sections (Introduction to FSC, Threatened Species, Legal Requirements, FSC Operational Guidelines, Waste Management, CSST for workers, CSST for owner operators and Mi'kmaq Culture and Morals). This program covers all the requirements listed in a) to h) of the indicator. However, no such training has been given at the date of the audit. In addition, leaders, professionals, employees and operators of the group members were not aware of the existence of the EMS developed by SPBG and the level of knowledge and ownership of the new procedures developed by SPBG for achieving the objectives of the standard were very low.
For these reasons, NCR 24/15 is issued.

**Evidence:**
- Interviews with more than 20 employees, subcontractors and owner operators.
- Interviews with managers of forestry groups
- SPBG training program (PowerPoint)

**Corrective Action Request:**
Organization shall implement corrective actions to demonstrate conformance with the requirement(s) referenced above.

Note: Effective corrective actions focus on addressing the specific occurrence described in evidence above, as well as the root cause to eliminate and prevent recurrence of the nonconformance.

**Timeline for Conformance:**
By the next annual audit

**Evidence Provided by Organization:**
- Interviews with the applicant
- Interviews with forest managers
- Interviews with machine operators
- Interviews with performer owners
- Training materials
- Training record

**Findings for Evaluation of Evidence:**
Despite significant efforts by the applicant, several guidelines and procedures were still not mastered by stakeholders involved in the activities included in the scope of the certificate. Misunderstood proceedings were noticed in interviews and during field visits (see NCR 14/15 and 15/15 on the residual structures in partial harvests and cutovers).

Therefore, the NCR cannot be closed and becomes a major with a timeline of 3 months following the report finalization (15/03/2017).

**NCR Status:** OPEN

**Comments (optional):**

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**Description of Nonconformance and Related Evidence:**

**Standard Requirement:**
The management plan’s implementation is subject to regular monitoring that documents:

a. The degree in which goals, objectives and targets were met
b. Conformance to the management plan (Does not apply to small forests)

**Findings:**
For large private forest the monitoring carried out does not verify the achievement degree of objectives and targets for silvicultural areas provided in the plan.

**Evidence:**
- Madeleine and Trois-Couronnes management plans
- Interviews with SPBG staff
Voluntary CVA finding summary of May 2016:
Since the issuance of this NCR, the applicant has provided some tables comparing planning with activities carried out in terms of volumes harvested by species group or number of hectares according to provisions.

Except, the plan implementation monitoring is not simply summarized to compare the volumes or hectares harvested versus planned. The environmental impacts’ monitoring program ENR-08-01 provides for monitoring that would meet the requirements of the indicator. However, the evidence presented did not allow to periodically document the degree to which the goals, objectives and targets included in these plans were achieved, compliance with the plan, the unforeseen effects of management activities and the social and environmental effects of management activities.

For these reasons, the NCR remains open and will be evaluated before its due date, being October 13, 2016.

Corrective Action Request: Organization shall implement corrective actions to demonstrate conformance with the requirement(s) referenced above. Note: Effective corrective actions focus on addressing the specific occurrence described in evidence above, as well as the root cause to eliminate and prevent recurrence of the nonconformance.

Timeline for Conformance: By the next annual audit

Evidence Provided by Organization:
• Field forms
• Annual monitoring
• Monitoring of silvicultural strategies
• Interviews with managers
• ENR-08-01

Findings for Evaluation of Evidence:
The environmental impacts’ monitoring program ENR-08-01 provides for monitoring which complies with the requirements of the indicator, i.e. it allows to document the achievement of expected goals. Interviews with forest managers have found that the ENR-08-01 program was implemented. The field forms, the monitoring during and after operations and the annual monitoring allows to meet the requirements of the indicator.

The NCR is closed.

NCR Status: CLOSED

Comments (optional):

<table>
<thead>
<tr>
<th>NCR#</th>
<th>26/15</th>
<th>NC Classification:</th>
<th>Major</th>
<th>Minor X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard &amp; Requirement:</td>
<td>Rainforest Alliance Locally adapted Standard for Assessing Forest Management in the Great Lakes/Saint- Lawrence region (April 2014), Indicator 8.5.1</td>
<td></td>
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<tr>
<td>Report Section:</td>
<td>Appendix II, section 8.5.1</td>
<td></td>
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</tbody>
</table>

Description of Nonconformance and Related Evidence:

Standard Requirement:
The results of monitoring activities are regularly compiled. For public lands, a summary report is available to the public.

Findings:
There is no public summary of monitoring results for TPIs. For large private lands, the results of monitoring activities are not regularly compiled.

Evidence:
− **Madeleine and Trois-Couronnes** management plans
− Interviews with SPBG staff

**Voluntary CVA finding summary of May 2016:**

No summary of the publicly available TPI monitoring results was presented to the auditors. The management monitoring summaries provided for TPIs and large private properties only present the monitoring of volumes and harvested areas. The summary should give an overview of the monitoring results as required by the environmental impacts monitoring system ENR-08-01.

For these reasons, the NCR remains open and will be evaluated before its due date, being October 13, 2016.

<table>
<thead>
<tr>
<th>Corrective Action Request:</th>
<th>Organization shall implement corrective actions to demonstrate conformance with the requirement(s) referenced above. Note: Effective corrective actions focus on addressing the specific occurrence described in evidence above, as well as the root cause to eliminate and prevent recurrence of the nonconformance.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Timeline for Conformance:</strong></td>
<td>By the next annual audit</td>
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</tbody>
</table>
| **Evidence Provided by Organization:** | • Field forms  
• Monitoring of silvicultural strategies  
• Interviews with forest managers  
• Interviews with the applicant |
| **Findings for Evaluation of Evidence:** | The documents submitted and interviews show that there is frequent forest operations’ monitoring and enable the documentation of the results of forest activities. At the end of site operations, an implementation or site closure report is completed. Rigorous monitoring is carried out to monitor the stems harvested and transported to the factories. If it is the owners that run their operations, their activities are checked if they make a tax refund application. They are also checked by the applicant per its monitoring program. All culvert installations are checked and documented.  
Thus, the demonstration that the results of monitoring activities are done regularly, this NCR is closed. That said, the applicant should collect or list information in one place to facilitate the goal achievement verification by the SBPG and the certification body. OBS 8.5.1 / 16 is issued. |
| **NCR Status:** | CLOSED |
| **Comments (optional):** | |

<table>
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<th>28/15</th>
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<tr>
<td><strong>Standard &amp; Requirement:</strong></td>
<td>Rainforest Alliance Locally adapted Standard for Assessing Forest Management in the Great Lakes/Saint Lawrence region, Indicator 9.1.3</td>
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<tr>
<td><strong>Report Section:</strong></td>
<td>Appendix II</td>
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</table>

**Description of Nonconformance and Related Evidence:**

**Standard Requirement:**
The HCVF assessment shall be made publicly available, including associated maps (subject to confidentiality considerations) as well as a summary of how concerns raised during the consultation and review process have been addressed.

**Findings:**
The HCVF report has not yet been reviewed and the applicant has undertaken little consultation with stakeholders. Therefore, the summary of issues in not yet available to the public.
**Evidence:**
- Applicant HCVF report
- Interview with the applicant's staff
- Interview with subcontractor specialists

**Voluntary CVA finding summary of May 2016:**
The applicant provided by email in May 2016 and during this audit an opportunity for interested parties to review and comment on the HCVF report. However, it is too early to decide on all the comments of interested parties to be received by the applicant. The HCVF assessment available to the public do not yet include a summary of how the issues raised during the consultation process and external review were considered.

For this reason, the RNC Minor remains open and will be assessed next annual audit expected before October 13, 2016.

**Corrective Action Request:**
Organization shall implement corrective actions to demonstrate conformance with the requirement(s) referenced above.

Note: Effective corrective actions focus on addressing the specific occurrence described in evidence above, as well as the root cause to eliminate and prevent recurrence of the nonconformance.

**Timeline for Conformance:**
By the next annual audit

**Evidence Provided by Organization:**
- HCVF report
- Comment summary provided by stakeholders on the HCVF report
- Communications with stakeholders
- Interviews with the applicant

**Findings for Evaluation of Evidence:**
In May 2016, the applicant had emailed the latest version of the HCVF report to different stakeholders (e.g. ENGOs, Aboriginal communities). Since then, two comments were received from interested parties, to which the group manager replied. The comment summary provided and how they were considered by the Manager is available on the applicant's website.

The NCR is closed.

**NCR Status:**
CLOSED

**Comments (optional):**

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<td>Report Section:</td>
<td>Appendix II</td>
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</table>

**Description of Nonconformance and Related Evidence:**

**Standard Requirement:**
The manager shall consult with directly affected persons, qualified specialists and Aboriginals on the identification of the High Conservation Values and the management options thereof.

**Findings:**
The applicant has worked with specialists to assess the presence of HCVFs and to develop intervention strategies within the HCVF. That said, for now the applicant has seldom consulted Group members in connection with the determination of HCVFs and intervention measures to maintain HCVs within HCVFs. Furthermore, the applicant has not yet consulted stakeholders outside of the group members. These consultation gaps with interested parties in connection with the HCVF process causes the issuance of the NCR.
Evidence:
- Interview with the applicant's staff
- Interview with subcontractor specialists

Voluntary CVA finding summary of May 2016:
In 2015, the applicant provided to its members several opportunities to review and comment on HCVF identification. In May 2016, the applicant provided by email and during this audit an opportunity to interested parties (OBV (Organisme de bassin versant or name translated: watershed organization), municipalities, land users, etc.) to review and comment on the HCVF report. However, it is too early to adjudicate in respect to all comments of interested parties to be received by the applicant. Therefore, the public summary does not include the issues raised by stakeholders during the consultation and review process and how the applicant has considered these issues.

For this reason, the Minor NCR remains open and will be evaluated at the next scheduled annual audit before October 13, 2016.

Corrective Action Request:
Organization shall implement corrective actions to demonstrate conformance with the requirement(s) referenced above.
Note: Effective corrective actions focus on addressing the specific occurrence described in evidence above, as well as the root cause to eliminate and prevent recurrence of the nonconformance.

Timeline for Conformance:
By the next annual audit

Evidence Provided by Organization:
- HCVF report
- Comment summary provided by stakeholders on the HCVF report
- Communications with stakeholders
- Interviews with the applicant

Findings for Evaluation of Evidence:
In May 2016, the applicant had emailed the latest version of the HCVF report to different stakeholders (e.g. ENGOs, Aboriginal communities). Since then, two comments were received from interested parties, to which the group manager replied. The comment summary provided and how they were considered by the Manager is available on the applicant's website.

The NCR is closed.

NCR Status: CLOSED

Comments (optional):
### Evidence:
- Interview with the applicant’s staff
- Interview with subcontractor specialists

### Corrective Action Request:
Organization shall implement corrective actions to demonstrate conformance with the requirement(s) referenced above.

Note: Effective corrective actions focus on addressing the specific occurrence described in evidence above, as well as the root cause to eliminate and prevent recurrence of the nonconformance.

### Timeline for Conformance:
By the next annual audit

### Evidence Provided by Organization:
- HCVF report
- Comment summary provided by stakeholders on the HCVF report
- Minutes of regional boards
- Communications with stakeholders
- Interviews with group members
- Interviews with the applicant

### Findings for Evaluation of Evidence:
In May 2016, the applicant had emailed the latest version of the HCVF report to different stakeholders (e.g. ENGOs, Aboriginal communities). In addition, regional boards were set up for each TPI, during which interest groups are invited to share their concerns for the area concerned, which are documented in the minutes. Since then, two comments were submitted by interested parties in regards to HCVFs, to which the group manager replied. The comment summary provided and how they were considered by the Manager is available on the applicant’s website.

The NCR is closed.

### NCR Status:
CLOSED

### Comments (optional):

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<td>Standard &amp; Requirement:</td>
<td>Compliance with the group certification, FSC-STD-30-005 V1-0, Criterion 2.3</td>
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<td>Report Section:</td>
<td>Appendix IV</td>
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### Description of Nonconformance and Related Evidence:

#### Standard Requirement:
Group entity staff and Group members shall demonstrate knowledge of the Group’s procedures and the applicable Forest Stewardship Standard.

#### Findings:
Stakeholders did not demonstrate a mastery of the group and FSC standard procedures.

#### Evidence:
- PS-01 Structure and Responsibilities
- PS-03 Membership and exclusion
- PS-08 Evaluation and Monitoring Mechanism
- PS-15 Internal Audit
- Interviews with the applicant and group members

#### Corrective Action Request:
Organization shall implement corrective actions to demonstrate conformance with the requirement(s) referenced above.
Note: Effective corrective actions focus on addressing the specific occurrence described in evidence above, as well as the root cause to eliminate and prevent recurrence of the nonconformance.

<table>
<thead>
<tr>
<th>Timeline for Conformance:</th>
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<tbody>
<tr>
<td>Evidence Provided by Organization:</td>
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<tr>
<td>• Interviews with stakeholder</td>
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<td>• Interviews with workers</td>
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<td>• Interview with the applicant</td>
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<tr>
<td>• Field visits</td>
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<td>• Forest certification committee training</td>
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| Findings for Evaluation of Evidence: |  |
| Since the last audit, the applicant has developed a training package for certified owners, covering among other things, items relating to sound practices and FSC certification. The applicant presents this package, as well as the PowerPoint training presentation to owners at the time of joining the certified group. Although some specific guidelines of the group manager for the residual structure of partial harvest, cutover and for the monitoring system are not fully met by some of the group members (see NCR 14/15, 15/15 and 34/15), interviews have shown that stakeholders have a general knowledge of group procedures and the FSC standard. The NCR is closed. |

| NCR Status: | CLOSED |
| Comments (optional): |  |

| MAJOR NCR#: | 34/15 |
| NC Classification: | Major | Minor X |
| Standard & Requirement: | Compliance with the group certification, FSC-STD-30-005 V1-0, Criterion 3.2 |
| Report Section: | Appendix IV |

**Description of Nonconformance and Related Evidence:**

**Standard Requirement:**
The Group entity’s procedures shall be sufficient to establish an efficient internal control system ensuring that all members are fulfilling applicable requirements.

**Findings:**
The applicant has a monitoring and internal audit system. However, part of the internal control system depends on the monitoring done by stakeholders. Despite that stakeholders are mostly ISO or FRC, procedures and forms some stakeholders do not consider all the requirements of the group and the FSC standard procedures.

**Evidence:**
- PS-01 Structure et responsabilités version 2
- PS-08 Mécanisme Évaluation et suivi
- PS-15 Audit interne
- ENR-12-01 Registre de formation
- FOR-09-01 Non conformités
- FOR-16-01
- FOR-16-02
- PS-09 Non-conformité et action corrective
- Entrevues avec membres du comité de certification

**Corrective Action Request:**
Organization shall implement corrective actions to demonstrate conformance with the requirement(s) referenced above. Note: Effective corrective actions focus on addressing the specific...
occurrence described in evidence above, as well as the root cause to eliminate and prevent recurrence of the nonconformance.

### Timeline for Conformance:
Before next annual audit

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<tr>
<th>Evidence Provided by Organization:</th>
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<tbody>
<tr>
<td>• PRO-08-01 Programme de suivis</td>
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<td>• PS-01 Structure et responsabilités</td>
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<tr>
<td>• PS-08 Mécanisme Évaluation et suivi</td>
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<td>• PS-09 Non-conformité et action corrective</td>
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<tr>
<td>• PS-15 Audit interne</td>
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<td>• FOR-16-01</td>
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<td>• FOR-16-02</td>
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<tr>
<td>• Rapports d’exécution</td>
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<td>• Visites terrains</td>
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<tr>
<td>• Interviews with the applicant</td>
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<tr>
<td>• Interviews with members</td>
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<thead>
<tr>
<th>Findings for Evaluation of Evidence:</th>
</tr>
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</table>
| The responsibility of monitoring necessary to achieve the objectives of the FSC standard is shared between the applicant and the stakeholders. The review by the audit team of the monitoring carried out by stakeholders and the group manager has demonstrated that monitoring is required and provided for in the group procedures for stakeholders were not all met (e.g. residual structures).

Therefore, the NCR cannot be closed and becomes a major with a timeline of 3 months following the report finalization (15/03/2017).

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<tr>
<td>35/15</td>
<td>Compliance with the group certification, FSC-STD-30-005 V1-0, Criterion 4.1</td>
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<tr>
<th>Report Section:</th>
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<tbody>
<tr>
<td>Appendix IV</td>
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<table>
<thead>
<tr>
<th>Description of Nonconformance and Related Evidence:</th>
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<tbody>
<tr>
<td><strong>Standard Requirement:</strong></td>
</tr>
<tr>
<td>The Group entity shall provide each Group member with documentation, or access to documentation, specifying the relevant terms and conditions of Group membership. The documentation shall include: IV. Explanation of the certification body’s, and FSC’s requirements with respect to publication of information.</td>
</tr>
<tr>
<td><strong>Findings:</strong></td>
</tr>
<tr>
<td>The documentation for group members does not specify the certification body’s, and FSC’s requirements with respect to information and marketing publication or sales of products within and outside the certificate.</td>
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<tr>
<th>Evidence:</th>
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<tbody>
<tr>
<td>- PS-03 Adhésion et exclusion version 2</td>
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<tr>
<td>- PS-11 Communications et relations</td>
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<tr>
<td>- PS-09 Non-conformité et action correctives</td>
</tr>
<tr>
<td>- Interviews with members of the certification committee</td>
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<tr>
<th>Corrective Action Request:</th>
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<td>Organization shall implement corrective actions to demonstrate conformance with the requirement(s) referenced above. Note: Effective corrective actions focus on addressing the specific occurrence described in evidence above, as well as the root cause to eliminate and prevent recurrence of the nonconformance.</td>
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<tr>
<th>Timeline for Conformance:</th>
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<tbody>
<tr>
<td>Before next annual audit</td>
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</tbody>
</table>
### Evidence Provided by Organization:
- **DOC-01-03 Général**
- Powerpoint presentation of the certification committee meetings
- Monthly reports on certified volumes
- Interviews with the applicant
- Interviews with members

### Findings for Evaluation of Evidence:
The document entitled "DOC-01-03 Général" is provided to all members when they join, which specifies that any use of FSC or RA trademarks must be requested by the applicant, who makes an approval request to RA. At the last Certification Committee meeting, the manager reminded this procedure to certified members. In addition, the applicant sends a monthly reminder of this procedure by email to members of delivered FSC certified volumes.

The NCR is closed.

### NCR Status:
CLOSED

### Comments (optional):

<table>
<thead>
<tr>
<th>NCR#</th>
<th>36/15</th>
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<tr>
<td>Report Section:</td>
<td>Appendix IV</td>
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### Description of Nonconformance and Related Evidence:

**Standard Requirement:**
The group entity shall maintain complete and up-to-date records covering all applicable requirements of this standard. These shall include: VI. Records demonstrating the implementation of any internal control or monitoring systems. Such records shall include records of internal inspections, non-compliances identified in such inspections, actions taken to correct any such non-compliance;

**Findings:**
The applicant uses the FOR-16-0x forms for its internal control or monitoring system, but remains to analyzed and integrated into the partners’ activities. Thus, there is still no record showing the implementation of an internal control or monitoring system for the entire group, and this according to the monitoring requirements requested by the group standard.

**Evidence:**
- *PS-08 Mécanisme Évaluation et suivi*
- *PS-15 Audit interne*
- *ENR-12-01 Registre de formation*
- *FOR-09-01 Non conformités*
- *FOR-16-01*
- *FOR-16-02*
- *PS-09 Non-conformité et action correctives*
- Interviews with members of the certification committee

**Corrective Action Request:**
Organization shall implement corrective actions to demonstrate conformance with the requirement(s) referenced above. Note: Effective corrective actions focus on addressing the specific occurrence described in evidence above, as well as the root cause to eliminate and prevent recurrence of the nonconformance.

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<td>• FOR-08-01 Rapport de visite – audit interne</td>
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<td>• FOR-09-01 Non conformités</td>
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<tr>
<td>• ENR-09-01 Registre des non-conformités</td>
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<tr>
<td>• FOR-16-01 Observations possibles</td>
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<tr>
<td>• FOR-16-02 Déclaration de déversements</td>
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<tr>
<td>• PS-09 Non-conformité et action correctives</td>
</tr>
<tr>
<td>• Interviews with the applicant</td>
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<tr>
<td>• Applicant Management System</td>
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<thead>
<tr>
<th>Findings for Evaluation of Evidence:</th>
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<tbody>
<tr>
<td>The applicant uses a management system and case structure in which it lists and documents field visits and monitoring carried out. The audit team reviewed the inspection reports carried out since the last audit, including some of the issued nonconformities and which will require monitoring by the manager. The nonconformities are recorded in the register provided for that purpose (ENR-09-01).</td>
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**NCR Status:**

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<tr>
<td>Report Section:</td>
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**Description of Nonconformance and Related Evidence:**

**Standard Requirement:**
The Group entity shall define criteria to be monitored at each internal audit and according to the group characteristics, risk factors and local circumstances.

**Findings:**
Although the applicant has an internal monitoring program, it has no defined criteria to assess the annual risk-based factors and how to integrate the results to improve the monitoring system.

**Evidence:**
- PS-08 Mécanisme Évaluation et suivi
- PS-15 Audit interne
- ENR-12-01 Registre de formation
- FOR-09-01 Non conformités
- FOR-16-01
- FOR-16-02
- PS-09 Non-conformité et action corrective
- Interviews with members of the certification committee

**Corrective Action Request:**
Organization shall implement corrective actions to demonstrate conformance with the requirement(s) referenced above. Note: Effective corrective actions focus on addressing the specific occurrence described in evidence above, as well as the root cause to eliminate and prevent recurrence of the nonconformance.

**Timeline for Conformance:**
Before next annual audit
Evidence Provided by Organization:
- PS-08 Mécanisme Évaluation et suivi
- PS-15 Audit interne
- ENR-09-01 Registre des non-conformités
- FOR-08-01 Rapport de visite – audit interne
- FOR-09-01 Non conformités
- FOR-16-01
- FOR-16-02
- PS-09 Non-conformité et action corrective
- Interviews with the applicant

Findings for Evaluation of Evidence:
The criteria to be followed in each internal audit are defined in the same environmental management system, which was set up to monitor the application of the forest certification requirements by members. During the internal audit, all the activities carried out by the member subject to an internal audit are reviewed by the group manager, per the guidelines and procedures in place in the certified territory for the achievement of the standard requirements. Should the group manager observe a non-conformance, the latter should be recorded in the non-conformities’ register and be evaluated during the subsequent internal audit or by the prescribed deadlines.

The NCR is closed.

NCR#:
38/15
NC Classification: Major
Minor X
Standard & Requirement: Compliance with the group certification, FSC-STD-30-005 V1-0, Criterion 8.3
Report Section: Appendix IV

Description of Nonconformance and Related Evidence:
Standard Requirement:
The minimum sample to be visited annually for internal monitoring shall be determined as follows:

a) Type I Groups with mixed responsibilities
Groups or sub-groups with mixed responsibilities shall apply a minimum sampling of \( X = \sqrt{y} \) for 'normal' FMUs and \( X = 0.6 \times \sqrt{y} \) for FMUs < 1,000 ha. Sampling shall be increased if HCVs are threatened or land tenure or use right disputes are pending within the group.

Findings:
The applicant has defined a minimum sampling for annual visits of private owners, but not for TPIs. The PS-08 document provides for an assessment of the TPI annual reports, but no field visit of these are specified in the applicant’s procedures.

Evidence:
- PS-08 Mécanisme Évaluation et suivi
- PS-15 Audit interne

Corrective Action Request: Organization shall implement corrective actions to demonstrate conformance with the requirement(s) referenced above.
Note: Effective corrective actions focus on addressing the specific occurrence described in evidence above, as well as the root cause to
eliminate and prevent recurrence of the nonconformance.

### Timeline for Conformance:
Before next annual audit

### Evidence Provided by Organization:
- 2016 Monitoring Plan
- Field visits’ Register
- Interviews with the applicant

### Findings for Evaluation of Evidence:
The applicant has defined TPI field sampling in its certified territory monitoring plan, according to FSC-STD-30-005 standard. In 2016, a total of two TPIs will be subject to a field visit.

The NCR is closed.

### NCR Status:
CLOSED

### Comments (optional):

## 2.4. New nonconformity reports issued as a result of this audit

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<tr>
<td>Standard &amp; Requirement:</td>
<td>Rainforest Alliance Locally adapted Standard for Assessing Forest Management in the Great Lakes/Saint- Lawrence region (April 2014), Indicator 6.3.8</td>
<td>Appendix II, section 6.3.8</td>
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</tr>
</tbody>
</table>

### Description of Nonconformance and Related Evidence:

### Standard Requirement:
In partial cuts in natural forests, harvesting (whether during normal operations or salvage following a natural disturbance) and other stand management activities leave residual structures in sufficient quantity and distribution for them to serve their ecological functions.

### 2015 assessment audit finding:
The SPBG proposes retention measures in partial cuts in Section 7 of the “FSC_Critère 6” document. These measures are:
- Leave living trees with no commercial value standing and intact
- Leaving large dying trees in selection cutting, of which the basal area will cover at least 1 m²/ha
- Allow 2-3 snags veteran trees per hectare
- Allow 10-15 shrubs and fruit trees per hectare when present
- Maintain 100-250 stems per hardwood hectare in order to maintain plant diversity
- Maintain 2-3 bunches of 5-10 stems per non thinning softwood hectare to maintain a wildlife shelter
- Create gaps in commercial thinning to create a heterogeneous structure in the early interventions and promote the establishment of long-lived species.

These retention measures can maintain an adequate level of vertical diversity, horizontal structure, wildlife habitat and large woody debris, and thereby meet the requirements of the indicator. However, interviews and field visits revealed that these measures are not known to all group members and that they are rarely applied in the field.

### 2016 annual audit finding:
Field visits and interviews with staff revealed that the applicant's retention procedures are not yet mastered by forest workers and stakeholders and they are rarely implemented in partial harvests.

For these reasons, the NCR remains open and is upgraded to major.

### Evidence:
- Interviews with SPBG staff
Interviews with forest managers and technicians

“FSC_Critère 6” document carried out by the Consortium en Foresterie

Field visits of partial cuts and plantations’ maintenance

**Corrective Action Request:**
Organization shall implement corrective actions to demonstrate conformance with the requirement(s) referenced above. Note: Effective corrective actions focus on addressing the specific occurrence described in evidence above, as well as the root cause to eliminate and prevent recurrence of the nonconformance.

**Timeline for Conformance:**
3 months after report finalization (March 15, 2017 at the latest)

**Evidence Provided by Organization:**
PENDING

**Findings for Evaluation of Evidence:**
PENDING

**NCR Status:**
OPEN

**Comments (optional):**

---

**MAJOR NCR#:** 15/15  
**NC Classification:** Major X Minor

**Standard & Requirement:** Rainforest Alliance Locally adapted Standard for Assessing Forest Management in the Great Lakes/Saint Lawrence region (April 2014), Indicator 6.3.9

**Report Section:** Appendix II, section 6.3.9

**Description of Nonconformance and Related Evidence:**

**Standard Requirement:**
“In clearcuts in natural forests, harvesting maintains residual structures in sufficient quantities and distribution so as to fulfill their ecological functions.”

**2015 assessment audit finding:**
The SPBG proposes retention measures in total cuts in Section 8 of the “FSC_Critère 6” document. These measures were determined following an analysis of the amount of living trees left by natural disturbances to 6.1.3. The proposed retention measures are:

- Leave retention patches (10-15 rods within 0.1 ha) for total cuts of more than 2 ha. A progressive target is presented in Table no. 24 of the document.
- Leave any snags or living trees with no commercial value standing and intact, provided that this does not compromise the management objectives and workers’ safety.
- Preserve 10-15 shrubs and fruit trees per hectare.
- Preserve 100-250 stems per leafy stems' hectare.

The retention of patches at the center of processed blocks allow long-term preservation of large trees that will feed into the snags and dead wood pool of the ecosystem. The retention of fruit trees and leafy stems allow the maintenance of habitats and food sources for wildlife that depend on them. Thus, these retention measures enable the compliance of the indicator’s requirements. However, a quantitative target of snags/veteran or dying trees per hectare does not exist. In addition, interviews and field visits revealed that all group members do not know these measures and they are not consistently applied in the field.

**Findings of the 2016 annual audit:**
Field visits and interviews with staff revealed that the applicant’s retention procedures are not yet mastered by forest workers and stakeholders and are rarely implemented in cutovers.

In addition, some targets defined in the environmental specifications are not justified by knowledge of the forest of the Gaspésie forest. (e.g. number of snags).

For these reasons, the NCR remains open and is upgraded to major.
<table>
<thead>
<tr>
<th>Evidence:</th>
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<tbody>
<tr>
<td>- Training records</td>
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<td>- Training materials</td>
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<tr>
<td>- Interviews with forest managers</td>
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<tr>
<td>- Interviews with the applicant</td>
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<tr>
<td>- DOC-01-01 Cahier environnemental</td>
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<td>Organization shall implement corrective actions to demonstrate conformance with the requirement(s) referenced above. Note: Effective corrective actions focus on addressing the specific occurrence described in evidence above, as well as the root cause to eliminate and prevent recurrence of the nonconformance.</td>
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<td>Rainforest Alliance Locally adapted Standard for Assessing Forest Management in the Great Lakes/Saint- Lawrence region (April 2014), Indicator 7.3.1</td>
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<th>Report Section:</th>
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<td>Appendix II, section 7.3.1</td>
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</table>

**Description of Nonconformance and Related Evidence:**

**Standard Requirement:**
The applicant ensures that forest workers receive adequate training to ensure they meet this standard’s requirements.

**2015 assessment audit finding:**
The induction trainings showed no new intervention measures for achieving the objectives of the FSC standard. In addition, no training record was provided to prove that all workers, contractors and owner operators had received this training.

The SPBG has developed a comprehensive training program in nine sections (Introduction to FSC, Threatened Species, Legal Requirements, FSC Operational Guidelines, Waste Management, CSST for workers, CSST for owner operators and Mi'kmaq Culture and Morals). This program covers all the requirements listed in a) to h) of the indicator. However, no such training has been given at the date of the audit. In addition, leaders, professionals, employees and operators of the group members were not aware of the existence of the EMS developed by SPBG and the level of knowledge and ownership of the new procedures developed by SPBG for achieving the objectives of the standard were very low.

For these reasons, NCR 24/15 is issued.

**2016 annual audit findings:**
Despite significant efforts by the applicant, several guidelines and procedures were still not mastered by those involved in the activities included in the scope of the certificate. The misunderstood procedures (see NCRs 14/15 and 15/15 on the residual structures in partial harvest and clearcuts) were noted in interviews and during field visits.

For these reasons, the NCR remains open and is upgraded to Major.

**Evidence:**
- Interviews with the applicant
- Interviews with forest managers
- Interviews with machine operators
- Interviews with performer owners
- Training Materials
- Training Record

Corrective Action Request: Organization shall implement corrective actions to demonstrate conformance with the requirement(s) referenced above. Note: Effective corrective actions focus on addressing the specific occurrence described in evidence above, as well as the root cause to eliminate and prevent recurrence of the nonconformance.

Timeline for Conformance: 3 months after report finalization (March 15, 2017 at the latest)

Evidence Provided by Organization: PENDING

Findings for Evaluation of Evidence: PENDING

NCR Status: OPEN

Comments (optional):

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Report Section: Appendix IV

Description of Nonconformance and Related Evidence:

**Standard Requirement:**
The Group entity’s procedures shall be sufficient to establish an efficient internal control system ensuring that all members are fulfilling applicable requirements.

**2015 assessment audit finding:**
The applicant has a monitoring and internal audit system. However, part of the internal control system depends on the monitoring done by stakeholders. Despite that stakeholders are mostly ISO or FRC, procedures and forms some stakeholders do not consider all the requirements of the group and the FSC standard procedures.

**2016 annual audit finding:**
The responsibility of monitoring necessary to achieve the objectives of the FSC standard is shared between the applicant and the stakeholders. The audit team review on the monitoring carried out by stakeholders and the group manager has demonstrated that the monitoring required and provided for in the group procedures for stakeholders were not all carried out (e.g. residual structures).

**Evidence:**
- PRO-08-01 Programme de suivis
- PS-01 Structure et responsabilités
- PS-08 Mécanisme Evaluation et suivi
- PS-09 Non-conformité et action corrective
- PS-15 Audit interne
- FOR-16-01
- FOR-16-02
- Implementation Reports
- Field visits
- Interviews with the applicant
- Interviews with members

Corrective Action Request: Organization shall implement corrective actions to demonstrate
**Timeline for Conformance:**
3 months after report finalization (March 15, 2017 at the latest)

**Evidence Provided by Organization:**
PENDING

**Findings for Evaluation of Evidence:**
PENDING

**NCR Status:**
OPEN

### NCR # 01/16
**Classification of NC:** Major

**Standard & indicator:** Rainforest Alliance Locally adapted Standard for Assessing Forest Management in the Great Lakes/Saint- Lawrence region (April 2014), Indicator 4.2.1

**Report section:** Appendix IV, Section 4.2

**Description of Nonconformance and Related Evidence:**

**Standard Requirement:**
All forest workers comply with all relevant provincial occupational health and safety requirements.

**Finding:**
A forest worker working with ripped pants no longer meeting safety standards since the beginning of the week. The supervisor was aware of the situation and the worker should not have gone back in the woods without proper protection. This non-conformance is minor because it regards a forest worker and not owners that complete the harvests themselves. (See previous Minor NCR on 4.2.1).

**Evidence:**
- Interviews
- Field visits

**Corrective action request:**
Organization shall implement corrective actions to demonstrate conformance with the requirement(s) referenced above.

**Timeline for Conformance:** Within 12 months of the finalization of this report (December 15, 2017)

**Evidence provided by organization:**
PENDING

**Finding after reviewing evidence:** PENDING

**NCR Status:** OPEN

**Comments (optional):**

### NCR # 02/16
**Classification of NC:** Major

**Standard & indicator:** Rainforest Alliance Locally adapted Standard for Assessing Forest Management in the Great Lakes/Saint- Lawrence region (April 2014), Indicator 4.5.1

**Report section:** Appendix IV, Section 4.5

**Description of Nonconformance and Related Evidence:**

**Standard Requirement:**

Rainforest Alliance Forest Management Annual Audit Report - this version is a translation. The official version of this report is the French version.
The manager has a fair dispute resolution mechanism.

finding:
A major dispute concerning several forest stakeholders was found during the audit. Forest contractors, owners, forest managers and carriers stressed their dissatisfaction in relation to the timber market and the measurement of one mill. Despite the existence of the complaint process and applicant's dispute resolution mechanism, the plaintiffs' fear is that the systems do not protect against possible discrimination in obtaining contracts and the timber market. Without concluding anything of the dispute, the widespread dissatisfaction and this fear to manifest highlights an inadequate dispute resolution mechanism.

Evidence:
- Interviews
- Measurement report

Corrective action request: Organization shall implement corrective actions to demonstrate conformance with the requirement(s) referenced above. Note: Effective corrective actions focus on addressing the specific occurrence described in evidence above, as well as the root cause to eliminate and prevent recurrence of the nonconformance.

Timeline for conformance: Within 12 months of the finalization of this report (December 15, 2017)

Evidence provided by organization: PENDING

Finding after reviewing evidence: PENDING

NCR Status: OPEN

Comments (optional):

NCR # | Classification of NC | Major | Minor X
--- | --- | --- | ---
03/16 | Rainforest Alliance Locally adapted Standard for Assessing Forest Management in the Great Lakes/Saint- Lawrence region (August 2014 version), Indicator 6.3.7 |

Report section: Appendix IV, Section 6.3

Description of Nonconformance and Related Evidence:

Standard Requirement:
The manager is implementing relevant best management practices pertaining to the protection of soils, water quality and sensitive sites.

Finding:
It was possible to observe the failure of sound practices on two sites, particularly about a drainage culvert improperly installed and battered, excessive rutting and total harvesting in the strip of 20 meters upstream and downstream of a permanent stream. In both cases, site management by operating owner was questioned, the engineer or forest technician did not carry out site execution monitoring to explain the non-conformance with the requirement of the indicator.

Evidence:
- Interviews
- Field observations

Corrective action request: Organization shall implement corrective actions to demonstrate conformance with the requirement(s) referenced above. Note: Effective corrective actions focus on addressing the specific occurrence described in evidence above, as well as the root cause to eliminate and prevent recurrence of the nonconformance.

Timeline for conformance: Within 12 months of the finalization of this report (December 15, 2017)
### Evidence provided by organization:
PENDING

### Finding after reviewing evidence:
PENDING

### NCR Status:
OPEN

### Comments (optional):

| NCR #     | Classification of NC : | Major | Minor X | Standard & indicator: | Report section: | Description of Nonconformance and Related Evidence:
|-----------|-------------------------|-------|--------|------------------------|----------------|----------------------------------------------------------------------------------|
| 04/16     |                         |       |        | Rainforest Alliance Locally adapted Standard for Assessing Forest Management in the Great Lakes/Saint- Lawrence region (April 2014), Indicator 6.7.1 | Appendix IV, Section 6.7 | **Standard Requirement:** Standard Operating Procedures (SOPs) are in place and implemented regarding safe handling and disposal of chemicals, liquid and solid non-organic wastes including fuel and oil. These SOP’s reflect best management practices and at minimum ensure compliance with all regulatory guidelines.  
**Finding:** During field visits, several non-conformances were found about fuel and fire risk:  
- A forest bearer was leaking;  
- A truck’s fuel tank with a volume of 450 liters was not approved as required by federal law;  
- The tank nozzle leaked into the bottom of the box of the truck;  
- There was only one fire extinguisher instead of two as required by trucks with a mobile tank.  
**Evidence:**  
- Interviews  
- Field observations  
**Corrective action request:** Organization shall implement corrective actions to demonstrate conformance with the requirement(s) referenced above. Note: Effective corrective actions focus on addressing the specific occurrence described in evidence above, as well as the root cause to eliminate and prevent recurrence of the nonconformance.  
**Timeline for conformance:** Within 12 months of the finalization of this report (December 15, 2017) |
Finding:
Monitoring practices during the audit did not allow to verify whether there was retention in felling areas because field data taken before and after the operations did not verify this. For example, the presence of snags/wildlife trees was not endorsed in precut inventories to confirm their conservation after cutting.

Evidence:
- Interviews
- Field observations
- Field forms

Corrective action request: Organization shall implement corrective actions to demonstrate conformance with the requirement(s) referenced above. Note: Effective corrective actions focus on addressing the specific occurrence described in evidence above, as well as the root cause to eliminate and prevent recurrence of the nonconformance.

Timeline for conformance: Within 12 months of the finalization of this report (December 15, 2017)

Evidence provided by organization: PENDING

Finding after reviewing evidence: PENDING

NCR Status: OPEN

Comments (optional):

2.5. Audit decision

The table below gives an overview of the NCRs status after the current audit.

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<td>Minor non-conformances upgraded to Majors</td>
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<tr>
<td>Certification requirements not met: major non-conformances identified that need to be addressed during 3 months after the final report date</td>
<td></td>
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<tr>
<td>Certification Suspension required: major non-conformance not addressed.</td>
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</tr>
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</table>
2.6. Updated Group Member list

1. Total # members in the certified pool: 296 MUs

2. Total area in Current Pool (ha. or acres): 52 789.58 ha

Member List kept by RA. List “SPBG FSC FM audit 16 FRE membres.xlsx list”